

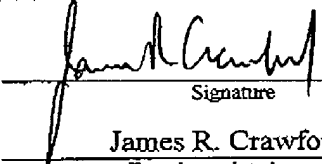
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PTO/SB/31 (10-08)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) NY-HEALOR-202-US
In re Application of Tamar Tennenbaum, et al.		
Application Number 10/644,775 - Conf. #6931		Filed August 21, 2003
For METHODS AND PHARMACEUTICAL COMPOSITIONS FOR HEALING WOUNDS		
Art Unit 1647		Examiner Marianne P. Allen
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 540.00</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 270.00</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-0624</u></p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.</p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;">Registration number <u>39,155</u></p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34.</p> <p style="margin-left: 40px;">Registration number if acting under 37 CFR 1.34. _____</p> <div style="text-align: right; margin-top: 20px;">  Signature James R. Crawford Typed or printed name </div> <div style="text-align: right; margin-top: 10px;"> <u>(212) 318-3148</u> Telephone number <u>March 10, 2009</u> Date </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</small></p> <p><input type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>		

I hereby certify that this correspondence is being sent by Facsimile to 1-571-273-8300 addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA. 22313-1450 on the date shown below:

Natalia Platonova


 Signature

March 10, 2009
 Date